VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

109 GERTIFICATE OF DEATH

10916

Reg. Dist. No. 194

I. PEACE OF BEATH		Z. USUAL RESIDE	NCE (NOME) OF D	ECEASED	
county Howard	MARYLAND	STATE Marylan	ad county	Howa	rd
CITY (If outside corporate limits, write RURAL OR end give neerest town)	LENGTH OF STAY (in this plece)	CITY (If outside corp	orete limits, write RURAL e	nd give neerest I	lown)
X TOWN Tridelphia	(iii iiiis piece)		delphia		V
HOSPITAL OR		STREET	-	/a focation)	7
INSTITUTION OR STREET ADDRESS		ADDRESS			
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Mor	oth) (D	ey) (Year)
(Type or Print)			OF		
5. SEX 6. COLOR OR 7. SINGLE, MARK		OWN	9. AGE last birthdey	F UNDER 1 YE	19 55 EAR TIF UNDER 24 HRS.
RACE WIDOWED, DI	VORCED.		y. AGE last birindey		eys Hours Min.
Female White (Specified)		4,1879	75 yrs.		
	ND OF BUSINESS R INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. 0	CITIZEN OF WHAT
retired) At Home		Maryland			
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		9
James B.Sullivan			? Wa	rd	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS		
(Yes, no, or unk.) (If Yes, giva wer or detes of servica)	None	James R. B	rown, Brookvi	11e.Md.	
		TIFICATION	0.000	Triber 6	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					ONSET AND DEATH
420.0 IMMEDIATE CAUSE (A) Chris	onic myocardia	lfailure			5 days
ANTECEDENT CAUSE(S) DUE TO					C
DISEASES OR CONDITIONS, IF ANY, (B) AT US	eriosclerotic l	neart disease	coronary		5 years
STATING UNDERLYING CAUSE LAST.			insufficie	ency	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
	tertrochanteri	e fracture min	ht him		7
19e. DATE OF OPERATION 19b. MAJOR FINDINGS		o rracome lik	по птр		20. AUTOPSY?
	crochanteric fo	racture right.	hin		YES NO X
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Hor OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat,	ne, ferm, fectory,	21c. WHERE DID INJURY OCC	JR? (City or town)	(County)	(Steta)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	. INJURY OCCURRED	21f. HOW DID INJURY OCC	10.2		
WI WI	ile Not while	ZII. HOW DID INJURY OCC	JK f		
	work et work	1.6 N	P PP		
22. I hereby certify that I attended the dece	eased from JULY	19.40p, to	OV •	, that I las	t saw the deceased
alive on Nov. 5 , 19.55 , and	d that death occurred at				
SIGNATURE 1.1. Tolar	6.0		RESS (Street, city, tow	rn, stata)	DATE SIGNED
Chates S. What ahe		Clarksville,	Maryland		11/7/55
23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, tow	n, or county)	(State)
Burial 11-8-55	Mt.Carmel	25. FUNERAL DIRECTOR'S	Sunshine	Md.	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR	A				DRESS
DATE how 8, 1955 have a	. Whetaker	F.C. Higinbo	thom, Ellicot	t City	, Md.

BE ARROWS STATE DEPARTMENT OF HUALTH-BALTHAORE, IS 11201 HTARU TO STADRITHE THOSE CHOOSE IN SECTION OF , 7/C Mr. They bound mount of technical Transfer of Asian Elife to Branch to Branch to the Control

 and the same of th

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INSTRUCTIONS

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10914 CERTIFICATE OF DEATH

Reg. Dist. No. 19/

1. PLACE OF	1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED				
COUNTY	Howard		MARYL	AND	STATE Mary	land county	Howan		
CITY (If out	side corporete limits, writive neerest town)	ite RURAL	LENGTH O		CITY (If outside co	orporele limits, write RURAL er	d give nearest	town)	
TOWN E	licott Cit;	v	(m mis p	лесеј	TOWN	Ellicott Cit	v	X	
HOSPITAL OF	3	,	1		STREET	(If ruref giv	V	7	
INSTITUTION STREET ADDR	OR	o Road			ADDRESS	Waterloo R		/	
3. NAME OF DECEASE (Type or Print)		THOW	(Middle)	000	(Lest)	4. DATE (Mon		1055	ar)
5. SEX	6. COLOR OR	1 7. SINGLE, A	AADDIED	COAT		9. AGE lest birthdey	Nov. 28		24 HPS
Male	Colored	WIDOWE	o, divorced, rried	100	24,1868	86 yrs.		eys Hours	Min.
10e. USUAL OCC	UPATION (Give kind of	work 10b	. KIND OF BUSINES		11. BIRTHPLACE (State or	oreign country)	12.	CITIZEN OF WH	AT
dona during	most of working lile, e	ven if	OR INDUSTRY		Moundless		(COUNTRY?	
retired) Ret			Farm Work	er	Maryland	ENI NIAME			-
	latthew Coa				Unknown				
	SED EVER IN U. S. ARA		16. SOCIAL SEC	CURITY NO.	17. INFORMANT	& ADDRESS			
(Yes, no, or unk.)	(II Yes, give wer or o	detes of service)	None		Mrs. Lou	ise Coates, El	licott	City. Mo	
DISEASES OR CO GIVING RISE TO STATING UNDERI	ECEDENT CAUSE(S) DNDITIONS, IF ANY, THE ABOVE CAUSE LYING CAUSE LAST. CANT CONDITIONS CO		Tree	erteu	clersses	V DIKLAR			
	BUT NOT RELATED TO ENDITION CAUSING DE		, ,						
19e. DATE OF OP	PERATION 19	b. MAJOR FIND	NGS OF OPERATION	N				20. AUTOPS	
								YES NO	
OR CONTRIBUTING (IF EITHER, NOTIFY	VAS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)	OF INJURY st	(Home, ferm, fector reet, office bldg., etc	y,	ic. WHERE DID INJURY O	CUR? (City or town)	(County)	(State) _
21d. TIME OF INJ	URY (Month) (Dey)	(Yeer) (Hour)		URRED of while work	21f. HOW DID INJURY OF	CCUR?			
22. I hereby	certify that I a	attended the		20 4	2., 19 5 5, to	100.28,1974	, that I las	t saw the de	ceased
alive on	IRE SAL	Wools	edge St	M.D. /	84 Box	e causes and on the coorsess (Street, city, town	sedge"	DATE SI	
23. BURIAL, CREA		JE THEREOF		CEMETERY OF		LOCATION (City, town		/	State)
Burial 24. REC'D BY REC		2-1-1955	Loc	ust Cha	t 25 FUNEDAL DIPECTO	R'S SIGNATURE	Md AN	ORFSS	
DATE //- 29 -	0	P. A	6 P			thom, Ellicott			
DATE //- 27	2 2 1/8	me D.	Lougha	u:	7 .0 . 1 TP PT 11 PC	- 02.0% () DALLO () (او لامت	,ua	
	0	Pu. B.	- 21						

HARPIAN STATE DEPARTMENT OF SEATTH-SALTIN OUT, IS HYARG TO STADISTRED FIRE Proge Osta, Me. 33£, M.D. B. 12 Modifie, have well as a line Mark Samens LETTER BELLEVILLE

TO ATTENDING

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10918

Reg. Dist. No.

10915 CERTIFICATE OF DEATH

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DEC	EASED
COUNTY Howard	MARYLAND	STATE Marylar	ad county F	loward
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY	CITY (If outside corpor	rete limits, write RURAL and	give neerest town)
X TOWN Ellicott City	(in this place) 57 yrs		licott City	×
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 New Cut Road	7	STREET ADDRESS	(If rural give	ocation)
3. NAME OF (First)	(Middle)	(Lest)	lew Cut Road	
DECEASED (Type or Print) SOPHIE	DEN		4. DATE (Month) OF DEATH	(Day) (Yaar) Nov. 16th. 1955
S. SEX 6. COLOR OR 7. SINGLE, MARK	RIED, 8. DATE O	F BIRTH I	P. AGE last birthday	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female Colored WIDOWED, DI	IVORCED,	5, 1898		Aonths Days Hours Min.
done during most of working life, even If	R INDUSTRY	11. BIRTHPLACE (Steta or forai		12. CITIZEN OF WHAT
	own Home for ot			U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Richard Dent		Hest	ter Jane John	ison
	6. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS	Ellicott City, Md
(Yes, no, or unk.) (If Yes, give war or dates of service)	None	Mrs. Lena l		31 New Cut Road
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION		INTERVAL BETWEEN ONSET AND DEATH
11014	12	ο Ω		3 20
IMMEDIATE CAUSE (A)	From Clas	preuma	nuc	30093
ANTECEDENT CAUSE(S) DUE TO		V		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO				
(C)				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	rlerioseler	tin Cardio	Vasaulae De	see 54RS.
198. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION	_		20. AUTOPSY? YES NO X
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Hom OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)	ne, farm, factory, 2 office bldg., etc.)	1c. WHERE DID INJURY OCCUR	? (City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e Wh	nile Not while	21f. HOW DID INJURY OCCUR	?	
		50 11	11 1-15	
22. I hereby certify that I attended the dece	pased from2/	, 19, to//////	10, 19.2.2	, that I last saw the deceased
alive on 11-14, 19.55, and	d that death occurred at.		auses and on the dat	te stated above.
SIGNATURE CO (B)	tal	Still it ADDE	RESS (Street, city, town,	pleta) DATE SIGNED
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY (1)	KOCATION (City, town,	or county) (State)
Burial 11/19/1955	Western Star	Cometery	Reltimone ('o 163
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	i nogocin oval	Cemetery 25. FUNERAL DIRECTOR'S	Baltimore (ADDRESS
DATE UN. 19. 1955 John B. La	ugheau.	Eastin .		Licott City, Md.
Qu. B. E. X.	8			

	RO	RIFFICATE		
The street of the street		474.37040		
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(d) 1 dden 1612		are N	CFEL #20011	
to the same of			of def wer is	
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ACADE TO STORY MARKET	provide a construction of the construction of	to not know for at	ing a Lymning In	
the state of the s			Long Production	
Eligot City.				
Tony Manderville, Si Los Cut Tond	170	Nor. o		St.
			SOUTH THE PARTY OF	
no.				
RIMERO				
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BUREAU V. E.				
-67 18				
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M5121333101				

Elicott city, ca

VS A15C 1-55 10M

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INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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2	0	U	R.	-

TOOLO CEL	MIFICAL	E OF DEA	Reg. Dis	t. No. 191
1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECEASE	
COUNTY HOWard	MARYLAND	STATE Md.	COUNTY Balt	imone
CITY (If outside corporeta limits, write RURAL	LENGTH OF STAY		prete limits, write RURAL and give ne	
X OR end give nearest town) TOWN Ellicott City	(in this place) 1 yr	town Rural-	- Parkton	%
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shaffer Conv.	Retreat	STREET ADDRESS Dai:	(If rural giva location)	1
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) Mary	F.	Dick	DEATH NOV.	16 ,55
5. SEX 6. COLOR OR 7. SINGLE, MA		OF BIRTH	9. AGE lest birthdey IF UNDE	R 1 YEAR IF UNDER 24 HR
Female White Spirit do		13, 1867	88 yrs. Months	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS	11. BIRTHPLACE (State or fore	ign country) 1	2. CITIZEN OF WHAT
	or industry L home	Liverpool,	England U	S A
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Henry Cartwright		Mary Sta	atham	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS	
(Yeshna, or unk.) (If Yes, give wer or dates of service)		Mrs. Ral	ph Stahler, Pa	rkton, Md.
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	CINOMA OF	A .	Motastices	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
190. DATE OF OPERATION 196. MAJOR FINDING	S OF OPERATION			20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (He	and them testing to	21. MUIST NID INTRIDA O COL		YES NO
	ome, farm, fectory, t, office bldg., etc.)	21c. WHERE DID INJURY OCCU	R? (City or town) (Cou	nty) (State)
W	le, INJURY OCCURRED /hila Not while work et work	21f. HOW DID INJURY OCCU	R?	
22. I hereby certify that I attended the dec	ceased from Jan	19 572 10 /	1-16 10 55 that	last saw the decession
alive on 11-15, 1953-, ai	nd that death occurred	at 8 PM from the	causes and on the date state	igal age life deceased
SIGNATURE AS ON ON	turn	Elle ADD	RESS (Street, city, town, state)	DATE SIGNE
23. BURIAL, CREMATION, DATE THEREOF	M. D.	R CREMATORY	LOCATION (City, town, or count	y) (State)
Burial Nov.19.195	55 Chestnut	Grove Cem-	Marysville. H	enna.
24. REC'D BY REGISTRAR'S SIGNATU	RE /	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS /
DATE 10- Cohn	Lougheran	of Starpfullan	Dinalous Ylour	teroodyn I

tacol Harlenslem lew treedom

BY THOMES AND THE BOT INSMITTANTS OF STATE OF ALL THE SERVICE AND THE SERVICE 21001 THE CERTIFICATE OF DEATH oracid definition of the man resting retter toler terifore.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1810920

10917 CERTIFICATE OF DEATH

	4.		-	1
Rog	Dist	No	1	94

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Laward MARYLAN	ND STATE Mansland COUNTY Manta
CITY (If outside corporate limits, write RURAL LENGTH OF	F STAY CITY (If outside corporate limits, write RURAL and give nearest town
OR and give nearest town) (in this r	TOWN 74
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS	ADDRESS
O STREET ADDRESS Semans Kest Hame	_ 1
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
5. SEX: S. COLOR OR 7. SINGLE, MARRIED. 8	DEATH: Anencher & 1955 DATE OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS
RACE: WIDOWED, DIVORCED, (Specify):	Left 20 1869 86 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUST	NESS OR II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA
work done during most of working life, even if retired):/	B. + 16 Me 1 COUNTRY!
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME!
Nother - Beall	Marcelline Buston
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY	No.: 17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs. Hethe Barson Burtanolle he
18. MEDICAL CERT	TIFICATION Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	TH Onset And Dea
443X Bron	alsopmonesia 4kous
Immédiate cause (a)	
Antecedent causes (s)	Rensi Carlin Vose Dis 20 yrs.
Diseases or conditions, if any, giving rise to the above cause	Cessus Coverson Contraction
stating the underlying cause last. DUE TO	outre in al and low
(c)/ Jeny	allered sources of the for
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	Of the the gar. 2044.
related to the disease or condition causing death. 19a. DATE OF OPERATION: 1 19b. MAJOR FINDINGS OF OPERATION:	RATION 20. AUTOPSY
198. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPER	
21. ACCIDENT (Specify) PLACE (Home farm factor	Yes No COUNTY) (CITY OR TOWN) (COUNTY) (STATE)
ZI. ACCIDENT (Specify) PLACE (Home, farm, factor OF office bldg., etc.) IIOMICIDE INJURY	ry, street, (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not W	
INJURY m. Work At Wo	
22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last saw the decease
1	
alive on (19, 19, and that death occurre	d at, from the causes and on the date stated above.
AM Marsen Me	D JOLEN 10 M. 11/10/1
23. BURIAL, CREMATION, DATE THEREOF NAME OF	CEMETERY OR CREMATORY LOCATION (City, town, or equily) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	
TAREGISTRAR (-(-)	taken le With Sanaldran James Mrd.
	B
	Ye

PLEASE WRITE PLAINLY, WITH

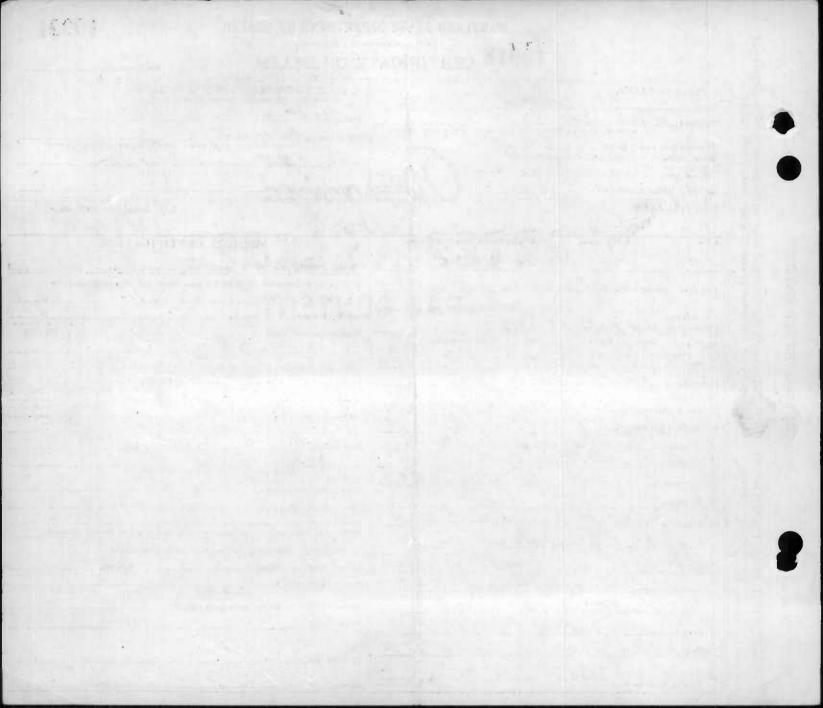
DECENTED

BUTTEAU V. S.

MARGIN RESERVED FOR BINDING

9. Birthplace (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name 13. Birthplace Sallinger 14. Malden name 15. Birthplace Sallinger 16. Informant 16. Informant 17. Birthplace Sallinger 17. Date thereof 17. 21.	4. Sex	(0)		- (A
8. (b) Name of husband or wite 21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	4. Sex	ma	rlas,	W. Jan
6.(6) Name of husband or wife 7. Birth dale of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. 9. Birthplace (Town, county, and fate) 10. Usual occupation (Town, county, and fate) 11. Industry or business 12. Name 13. Birthplace (Town, county, and fate) 14. Maiden name 15. Brithplace (Burial, cremation, or perioval, Which?) Cemetery or crematory (month) (day) (county) (month) (day) (county) (county) (month) (day) (day) (day) (day))	5. Color or race	3	1
7. Birth dale of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. 9. Birthplace (Town, county, and Cate) 10. Usual occupation (Town, county, and Cate) 11. Industry or business 12. Name 13. Birthplace (Salling of Cate) 15. Birthplace (Salling of Cate) 16. Informant (Burial, cremation, or panoval, Which?) Cemetery or crematory (month) (day) (cemetery or cemetery (month) (day) (cemetery or cemetery (month) (day) (d	m	w	m	arried
7. Birth dale of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. 9. Birthplace (Town, county, and Cate) 10. Usual occupation (Town, county, and Cate) 11. Industry or business 12. Name 13. Birthplace (Salling of Cate) 15. Birthplace (Salling of Cate) 16. Informant (Burial, cremation, or panoval, Which?) Cemetery or crematory (month) (day) (cemetery or cemetery (month) (day) (cemetery or cemetery (month) (day) (d		· h	mari	O.T. Engli
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace (Town, pounty, and state) 10. Usual occupation (Town, pounty, and state) 11. Industry or business 12. Name 13. Birthplace 3. Birthplace 15. Birthplace 15. Birthplace 16. Informant 17. (Burial, cremation, or ponoval, White) 17. (Burial, cremation, or ponoval, White) 18. Funeral director 18. Funeral director 18. Funeral director 19. (month) (day)	6.(b) Name of husband	d or wife.d		
8. AGE: Years Months Days If less than one day 9. Birthplace	7. Birth date of	~ 1		
9. Birthplace (Town, pounty, and state) 10. Usual occupation (Town, pounty, and state) 11. Industry or business 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant 16. Informant 17. (Burial, cremation, or ponoval, White) 17. (Burial, cremation, or ponoval, White) 18. Funeral director 18. Funeral director 18. Funeral director 19. (Town, pounty, and state) 19. Birthplace 19. (Town, pounty, and state) 10. Usual occupation 19. (Town, pounty, and state) 11. Industry or business 12. Name 19. (Town, pounty, and state) 13. Birthplace 19. (Town, pounty, and state) 14. Maiden name 19. (Town, pounty, and state) 15. Birthplace 19. (Town, pounty, and state) 16. Informant 19. (Town, pounty, and state) 17. (Burial, cremation, or ponoval, White) 18. Funeral director 19. (Town, pounty, and state) 19. (To				
9. Birthplace (Town, county, and Sate) 10. Usual occupation (Town, county, and Sate) 11. Industry or business 12. Name (Sate) 13. Birthplace (Sate) 14. Maiden name (Sate) 15. Birthplace (Sate) 16. Informant (Burial, cremation, or perioval, Which?) Cemetery or crematory (month) (day) (county) Location (Sate)	-	rs Months		If less than one day
10. Usual occupation 11. Industry or business 12. Name 13. Birthglace 14. Malden name 15. Birthplace 16. Informant Address 928 Jacob ave 17. (Burial, cremation, or phoval, Which?) Cemetery or crematory Location 18. Funeral director	59	9	4	hrs.
Address 928 Date thereof. 2. (Burial, cremation, or cohoval, Which?) Cemetery or crematory Location 18. Funeral director	12. Name	harles Satt	H. F.	27 1
(Burial, cremation, or cohoval, Which?) (month) (day) (Cemetery or cremator) Location		28 Ja	udo	n ave.
18. Funeral director		Mar.	2)	and
1-101107		Salling	Ste	Dole_
			-	

(For newborn Infant	s give residence of r	mother)	hard
Stale Md:	Cour	nty	
City or town(If outside	e ofty or town limits	, write RURAL and give ness	est town)
Street No. 1928	(If rursl, give	LOCATION)	
2.(a) If veteran, name war			
		3. (b) Social Security 1	lumber
_	- 9	212-05-	0635
1	MEDICAL CE	ERTIFICATION	
)1	-		1.050
20. DATE OF DEATH		7 19.5.5	
21. I CERTIFY that death occ	urred on the date abo	ve slaled; that battended decea	sed from
		25 10 10001	
and that I last saw h. Assets.	alive on	200-17	193.3
Immediate cause of death			BURATION
ac.	te c	3202 Cary	13 224
1	-Cera	2 con/	
		veralle	1 1 4
Due to.	7	12-1-4	or for interest
7	acon		
Due to		0 0 -	**************
A	222	e ar no	last
Other conditions	-020	Red	
420.1	regnancy within 8 n		
(Include p	regnancy within 3 n	nonths of death)	
Major findings of operation	u		
		Date of op	
Autopsy results		***************************************	***********************
PHYSICIAN: Please under	line the canse to wh	ich death should be charged :	tatistically.
22. VIOLENCE: If death wa	as due lo external cau	ses, fill in the following;	
Accident, suicide, or homicio			
Where did injury occur?	(City or town)	(County)	(State)
Injured al homo, farm, Indus	stry, public place (wh	nere?)	
Maans of Injury		Injured at work?	
7-	a BB	1	-/
23. SIGNATURE	7 1	M. D. o	other
Address 301	2 Class	2 7 9/4 Date signed	1.00 /1/1



	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10922
/ =		10919 CERTIFICATE OF DEATH Reg. Dist. No. 190
-		1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
	and	COUNTY HEW ARD CITY (If outside corporate limits, write RURAL OR and give nearest town) OR and give nearest town) TOWN FLKRIDGE MARYLAND STATE MARYLAND COUNTY HOW ARD CITY(If outside/corporate limits, write RURAL and give nearest town) OR TOWN FLKRIDGE X STREET (If rural give location)
	early	HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 HUNT CLUB RP. STREET ADDRESS 10 HUNT CLUB RP.
	death clearly	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED: (Type or Print) THERESA M. HARRINGTON DEATH: NOV. 12, 1953
	causes of de	5. SEX: 6. CÓLOR OR RACE: WIDOWED, DIVORCED, WIDOWED, DIVORCED, (Specify): WIDOWED, DIVORCED, (Specify): WIDOWED, DIVORCED, UHTT6 (Specify): WIND OF BUSINESS OR INDUSTRY: 9. AGE last birthday If UNDER 14 Mag. Months Days Min. 9. AGE last birthday If UNDER 14 Mag. Months Days Min. 10. YEAR OF UNDER 14 Mag. Months Days Months Da
FOR BINDING	43	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:
BIN	te	JOHN BERRA 18. WAR DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:
FOR	se write	(Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (No. of service) 18. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (No. of service) 18. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:
		18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH
RESERVED	5	151X IMMEDIATE CAUSE (A) Massive G.C. Hemon Ragice
	02	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO DUE TO C DUE TO C DUE TO DUE TO
MARGIN	E. Phys	STATING UNDERLYING CAUSE LAST. (C) STATING UNDERLYING CAUSE LAST. (C)
MAI	ar	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.
	3	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO
M TE PLAINLY		21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, COUNTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (State)
	20	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work
	age is	22. I hereby certify that I attended the deceased from Jon., 1953, to live 12, 1955, that I last saw the deceased
-	rect	alive on 107, 1955, and that death occurred at 5 4 M, from the causes and on the date stated above. SIGNATURE M. D. Hallefeld, M. D. 11115
A15 —	cor	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (SPECIFY) BARDOWRIDGE BALTO. MO.
VS.	7	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR J. W. Heline J. 1923 Sulphon 480

HOW DED HERAND HEWARD ELKRIPGE TYRES FEXRIPGE. ICHURT CLUB RO ICHURT COUR RO THERES. M. HARRINGTON NOVIR 55 Lewiste Muste Moones gold 12/810 3214 JE WIS CONSIN Vesuce Brabeier JOHN BERRY 445/4 MES PABERT KEROLA LOHUNT CLUB SOO British R-18-1800 HEADINGTONS BANTO PAS to word I lendowed now Sulphe little

TO ATTENDING PAYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within The bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DEATH 0920CERTIFICATE OF

10923

Reg. Dist. No. 192

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF D	ECEASED	
COUNTY Howard	MARYLAND	STATEMaryland	COUNTY	Howard	
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corpo			
OR end give neerest town) X TOWN Marriottsville	(In this place)	TOWN Marriot	+		X
HOSPITAL OR		STREET		ive location)	
STREET ADDRESS Marriottsville Road	a)	ADDRESS			
of street address marriotts ville Road	a	Marriot	tsville Ro	ad	
	(Middle)	(Lost)	4. DATE (Me	onth) (Dey)	(Year)
(Type or Print) LESTER CLYDE H	INCKLE Sr		DEATH	Nov. 26.19	55 10
5. SEX 6. COLOR OR 7. SINGLE, MARRI			9. AGE lest birthdey	IF UNDER 1 YEAR	IF UNDER 24 HRS.
RACE WIDOWED, DIV	VORCED,			Months Deys	Hours Min.
Male White Smarrie		10.1908	47 yrs.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, aven If	ND OF BUSINESS	11. BIRTHPLACE (State or forei	gn country)		N OF WHAT
relired) Truck Driver Gas		Morgan County	va.		
13. FATHER'S NAME	D.C.I.C	1 14. MOTHER'S MAIDEN			
10. 1711161 0 171111		770	N.C		
Elmer Hinckle		Verna	Moore		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	6. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS		
(Yes, no, or unk.) (If Yes, give wer or datas of service)	97-01-69	00 Mrs. Edna	Hinckle . Ma	miotteril	7 a 1/3
	18. MEDICAL CE	RTIFICATION	Tresoure of the	INTE	ERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ON	SET AND DEATH
1/0 X IMMEDIATE CAUSE (A)	ASTRIC GO	BSTRUCTIO	K)	2	Mo.
160	A-I AIC OI	as I to			
ANTECEDENT CAUSE(S) DUE TO	1FTASTA	TIC CARC	NOMA	7 3	Mo.
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	10 /// 0 / //	/			
	VAPLAST	IC CARCIN	DMA O	OF 4	Mo.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	MICHAL	C -MCCIM	01///		1910.
TO THE DEATH BUT NOT BELATED TO THE	CET MADE	PAL CAVI	TU	JAN 08	
DISEASE OR CONDITION CAUSING DEATH.	FFT NAS	ME CALL	17		
190. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION			YES YES	O. AUTOPSY?
					1,380
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Hom OR CONTRIBUTING CAUSE OF DEATH OF INJURY stream,	office bldg. etc.)	21c. WHERE DID INJURY OCCUP	(City or town)	(County)	(State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)					
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e.	INJURY OCCURRED	21f. HOW DID INJURY OCCUI	17		
	vork et work				
	· · Ma	1955 , to Uc	4 to 50	shoul look co	the deserved
22. I hereby certify that I attended the dece	ased from U.M.				
alive on, 19, 19, and	I that death occurred	at 7 40 M, from the c	auses and on the	date stated abov	
SIGNATURE MG 1		CON - APP	Street, city, to	wn siete)	DATE SIGNED
Society & Tiche	M.D.	Elleod C	Le Me	e. [[-28-55
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY O	R CREMATORY	LOCATION (City, to	wn, or county)	(Stele)
REMOVAL (SPECIFY)	H LE CONTROL		Dell		
Burial 12-1-1955	Logan Val	Lev	Bellevill	e Pa	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	4/14	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	
DATE NOV. 28, 1955 (1000, W.	Hebb	F.C. Higinboth	om Ellicot	t City Md	
-	en. 6 8 V				
14	- G.A. J.				

ALLEGARITHAN SO THAT DEPARTMENT OF HEALTH-BALTHAGEL, 15

HEALCEPTIFICATE OF DEATH

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		DERLEYARA	model Verliege
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	afflya Holt		
	- ATTWO-Selfsus		Date Land
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	. of a second district	rest and	mary religions
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AND THE STATE OF	MANDUNDARD DIT		
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A-1519510	Market and the Control of the Contro		AT A SAMON SAME

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72 hours after death. After this director, the third copy of this

the registrar within in by the funeral

TO ATTENDING

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10921 CERTIFICATE OF DEATH

10924

			R	eg. Dist. No	
1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF D	ECEASED	
county Howard	MARYLAND	STATE Maryla	and county	Howard	
CITY (If outside corporete limits, write RURAL OR end give neerest town)	LENGTH OF STAY (in this place)	CITY (if outside corpo	orate limits, write RURAL e	nd give neerest town)
Nown Elkridge	(iii iiiio pioco)	TOWN Elkr:	idge		X
HOSPITAL OR AND INSTITUTION OR		STREET	(If rural gi	ve location)	1
STREET ADDRESS Meadowridge Ave.		Mead	owridge Ave		
3. NAME OF (First) (Middle)	(Last)	4. DATE (Mor	nth) (Day)	(Yaer)
(Type or Print) Kate Mary	Ellen	Jackson	DEATH	Nov.18.19	55 19
S. SEX 6. COLOR OR 7. SINGLE, MARRIE	D, 8. DATE		9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HR
Female Colored (Specify) idow	About	7 870	? 95 уп.	Months Days	Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b. KIN	O OF BUSINESS	11. BIRTHPLACE (State or fore			N OF WHAT
done during most of working life, even if OR retired) At Home	None	Homand Counts	r Mawrland	COUN	NTRY?
13. FATHER'S NAME	Morre	Howard County	NAME Y LAIKI		
UNICHOUNG Abe Matthews		าได้ราใกรการทาง	W Morrow Course		
	SOCIAL SECURITY NO.	17. INFORMANT &	Y Mary Gran	ger	
(Yes, no, or unk.) (If Yes, give war or dates of service)		2007 - 7 277	3-23		
	lone	RTIFICATION	dridge Sever	I INTE	RVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ONS	SET AND DEATH
422 /IMMEDIATE CAUSE (A) Car	dio Valvular	Disease			
ANTECEDENT CAUSE(S) DUE TO					
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE					
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)					
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
196. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION				. AUTOPSY?
AS ACCIDENT WAS ANDED WHAT TO A DAY OF THE					П ио П
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, o (IF EITHER, NOTIFY MEDICAL EXAMINER)	, farm, factory, ffice bldg., etc.)	21c. WHERE DID INJURY OCCU	R? (City or town)	(County)	(State)
21d. TIME OF INJURY (Month) (Day) (Yoar) (Hour) 21e.	INJURY OCCURRED	21f. HOW DID INJURY OCCU	R?		
M. While					
22. I hereby certify that I attended the decea	sed from NOV. 17	195510 to	19	that I last say	w the deceare
alive on Nov 117 19.55 and					
SIGNATURE	mar dealli occurred a		RESS (Straet, city, tow		DATE SIGNE
MAN Inder	192 M.S. T	R 4 Box 212	Filenides 1	r.a. 37	70 7055
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	AME OF CEMETERY OR	CREMATORY	Elkridge N	n, or county)	· 18 , (S66)5
Burial Nov. 20,195	5 St.Stepl	nens	Elkridge,	Md	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	d William	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	
NATE MATE 21/450	The production of the party of	F.C. Higinhad	hom Flitach	+ 024	

HYASO TO STADINITIES OF DEATH

Reserved to the state of the st

BUTTAU V. S.

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

RE, 18 10925 Reg. Dist. No. /9/ MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1	0922	CERTIFICATE	OF	DEATH
70	12 4 2 6 4 6 4			

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY HOWARD MARYLAND	STATE Marylandunty 3/0/-4
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) City (in this place)	or Town Baltimore, Maryland
HOSPITAL OR	STREET (If rural give location)
90 STREET ADDRESS Highland Manor Nursing H.	ADDRESS - 1+1 wome St
	3249 E. altimore St.
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Charles Edward Miller	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: NOV 9,1955
5. SEX: M 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify): WIDOWED JUNE	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 17, 1865 90 yrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter	Trappe, Talbot Cty. USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
? Miller	? ?-
18. WAR DECEASED EVER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service) NORO NORO	Mrs Bertie Keidel 611 N. Robinsons
18. MEDICAL CERTIFICAT	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
334X reached	C. Ja. 3 Selences
IMMEDIATE CAUSE (A)	agreed social sis
ANTECEDENT CAUSE (S)	i ed Cer Hirosclerosis
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO	y ld the renosclerosis
STATING UNDERLYING CAUSE LAST.	
(c)	
TO THE DEATH BUT NOT RELATED TO THE DESCRIPTION CAUSING DEATH.	State- refusal to enter movement
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY M. While at work at work	
22. I hereby certify that I attended the deceased from	7 19 55 to 9/9 19 50 that I last saw the deceased
22. I hereby certify that I attended the deceased from	7.20 a the deceased
alive on	M, from the causes and on the date stated above.
Marille	10,5226 Ball. Not. Pilke 11/10/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	CRY OR CREMATORY LOCATION (City, town, or county) (State)
Burial Nov 12,1955 Denton Co	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	1, 24. FUNERAL DIRECTOR ADDRESS
REGISTRAR 1/10/25 A Heduich Rh	John A. Moran 3000 E. Balto. St.
1111/23 Id. H. remen ren	No VIII steeling

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SECTION E. BALLO. Etc.	wittell . A reliab			

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VS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10926

10923 CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Howard MARYLAND	STATE Med COUNTY Howard
CITY (If outside corporate limits, write RURAL) LENGTH OF ST	AY CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)	OR TOWN Scherdige x
HOSPITAL OR INSTITUTION OR 1	STREET (If rural give location)
STREET ADDRESS 6307 old wash ha	65070ld wash Ref
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Elizabeth Lewe's	Willer 4. DATE (Month) (Day) (Year) OF DEATH: No- 45 195-4.
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widows)	
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired):	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
13. FATHER'S NAME:	Lynnwood Va Ilrs 9
0 011 4.	14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	How Daloney
(Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS & 907 al world Rd Mers Sue Lives Durka (Sister) Elprid
18. MEDICAL CERTIFIC	ATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Had do IMMEDIATE CAUSE (A)	cardial dusulling 22
ANTECEDENT CAUSE (S)	1 10
DISEASES OR CONDITIONS, IF ANY, (B)	eral arteris- Delaver, 24
STATING UNDERLYING CAUSE LAST. DUE TO	O The state of the
(c) Cut	cremines of age 341
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	1
DISEASE OR CONDITION CAUSING DEATH	ION
O STANDARD OF GPERAL	20, AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, or contributing Cause of Death (if either, notify medical examiner)	factory. 21c. WHERE DID (City or town) (County) (State)
OF INJURY OF INJURY	ZED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	1, 1903, to Nov-4, 1953 that I last saw the deceased
alive on 4, 1944, and that death occurred	at // A, M, from the causes and on the date stated above. ADDRESS DATE SIGNED
BBlerumoney	M. 05609 Man St Elevage 27 mg 3
23. BURIAL, CREMATION, DATE THEREOF SOME OF CEMPOVAL (SPECIALY)	HULLY COMPANY ROCKING RANGES VA. (State)
DATE REC'D EN LOCAL REGISTRAR'S SIGNATURE,	With A Transport of MAD ADDRESS

BOOK OF THE MESSAGE STREET

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SSET OF ACA

DEARED RELEASE TO THE RESERVE OF THE PERSON OF THE PERSON

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third capy of this death certificate assembly should be detached for use as a burial transit permit.

10924 CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF BEATH			. USUAL RESI	DENCE (HOME) OF DECE	ASED
COUNTY Howard	MARYL	AND	STATE Mary	land COUNTY H	loward
CITY (If outside corporete limits, write RURAL			CITY (If outside o	orporate limits, write RURAL and giv	re nearest town)
OR end give nearest town)	(in this p		OR TOWN TO		
Elkridge (r	ural) 70	yrs.	E	lkridge (rural)	×
HOSPITAL OR INSTITUTION OR			STREET ADDRESS	(If rurel give loca	ntion)
STREET ADDRESS Montgomer	v Road			ontgomery Road	
3. NAME OF (First)	(Middle)	0.	ast)	4. DATE (Month)	(Day) (Year)
DECEASED	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(2		OF	(Day) (Year)
(Type or Print) THERESA	MARY	01	NEILL	DEATH	Nov. 24 19 55
	IGLE, MARRIED,	8. DATE OF BI	RTH	9. AGE lest birthdey IF L	INDER 1 YEAR IF UNDER 24 HR
RACE W	pecify) Widowed	Comb 7	E 100E	70 yrs. Mon	ths Days Hours Min
		Sept. 1			
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if	10b. KIND OF BUSINES OR INDUSTRY	11.	BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT
retired) Housewife	Own Home		Maryla	nd	U.S.A.
13. FATHER'S NAME	- CHAL LIGHTS		14. MOTHER'S MAID		7

William S			M	ary Otten	
15. WAS DECEASED EVER IN U. S. ARMED FORCE		URITY NO.	17. INFORMANT	& ADDRESS Box 347	Elkridge 27,
(Yes, no, or unk.) (If Yes, give war or detes of set	None		Mice Coc	ilia O'Neill Mor	
NO		DICAL CERTIF		IIIa o nolli non	
I DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH	DICAL CERTIF	ICATION		INTERVAL BETWEEN ONSET AND DEATH
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473 A IMMEDIATE CAUSE (A)	- prices	nonce	10	v-c-	2063
ANTECEDENT CAUSE(S)	- 1. 1		/	- 0	c1 = 1
DISEASES OR CONDITIONS, IF ANY, (B)	- Chaoli	oc 9	Tellen	1 peleneng	rely 3 dys.
STATING UNDERLYING CAUSE LAST, DUE TO	~ ~	[]			
(C)	- Arest				
TO THE DEATH BUT NOT RELATED TO THE	1G				
DISEASE OR CONDITION CAUSING DEATH.					
	R FINDINGS OF OPERATION	N			20. AUTOPSY?
0					YES NO TO
21e. ACCIDENT WAS UNDERLYING 1 21b. 1	PLACE (Home, ferm, fector	y. 21c.	WHERE DID INJURY O	CCUR? (City or town)	(County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF IN.	JURY street, office bldg., etc	:.)		con, (en) or lown,	(33316)
	Hour) 21e, INJURY OCCU	IDDED 1 211	HOW DID INJURY O	CCUD 2	
21d. HML OF HOOK! (Month) (Day) (1881) (While No	of while	HOW DID INJURY O	CCUR?	
	M. et work et	work			
22. I hereby certify that I attended	the deceased from	2/1	10 5 × 10	11/24 10 22	ant I last som the door
11/2 25/ 10/2	Labert de		12		iai i iasi saw ine decease
alive on	, and that death	occurred at			
At DI	1 . 5		A	DDRESS (Street, city, town, stet	DATE SIGNE
Cuff Collect	h hall	M.D. 46	Os Gar	ordso in	11/25/7
23. BURIAL, CREMATION, DATE THERE	DE NAME OF	CEMETERY OR CRE	MATORY	LOCATION (City, Iown, or o	county) (State)
REMOVAL (SPECIFY)	aler a		and the same of		
Burial 11/2		Mary's Ce		Ilchester How	
24. REC'D BY REGISTRAR	SIGNATURE	12. 1.1.	5. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS
DATE NOV. 9 6 19 PH Mie	el (. Your)	Killing	Gailon	/ Aman) Cotor	nsville - 28 Md

ST SCORE ARE STATE OF WHAT PAULD TRATE ON A 1/2A/A THE PRINCATE OF DEATH LENCE MANY MANY THE TAX 4 4 4 The condition the government of the service The windows and Leaving a late to all winds 2 V UASAUS SG61 88 10W TERREST A THE PARTY AND A SECOND

B. Irugheau

COUNTY Howard CITY (If outside corporate limits, write RURAL LENGTH OF STAY ON AND FORCES OF COUNTY HOWARD COUNTY	MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH No. 1.9.4
CITY (If outside corporate limits, write RURAL DENOTH OF STAY (in this place) TOWN PRICE PRIVE NEW NEW NEW NEW NEW NEW NEW NEW NEW NE	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
OR and give nearest town) TOWN DANIELS TOWN DATE TOWN DANIELS TOWN DATE TOWN DANIELS TOWN DATE TOW	county Howard Maryland	state Maryland county Howard
NAME OF CIESTS (GIVY FERTLEY PERRY DEATH (Nonth) (Day) (Year) DECEASED: GOUDE OF Print) GOVERNMENT OF BERTH: GOVERNMENT OF BUSINESS OR IL BETHIPLACE (State or foreign country): II. BETHIPLACE (State or foreign country): II. GOVERNMENT OF BUSINESS OR II. BETHIPLACE (State or foreign country): II. MOTHER'S MAIDEN NAME: JOHN PETTY GOVERNMENT OF BUSINESS OR II. BETHIPLACE (State or foreign country): II. MOTHER'S MAIDEN NAME: JOHN PETTY II. MOTHER'S MAIDEN NAME: JOHN PETTY II. MOTHER'S MAIDEN NAME: JOHN PETTY II. MOTHER'S MAIDEN NAME: SUSAN Seals WILEY Brewer, Ellicott City, Md Inneclate cause (a) Vertebrac, Fracture base of Skull Inneclate cause (b) Use To stating underlying cause last (c) II. OTHER SKRIPTICANT COUNTRIBUTING TO THE BEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH III. OTHER SKRIPTICANT COUNTRIBUTING TO THE BEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH III. OTHER SKRIPTICANT COUNTRIBUTING TO THE BEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH III. OTHER SKRIPTICANT COUNTRIBUTING DISEASE OF CONDITION CAUSING DEATH III. OTHER SKRIPTICANT COUNTRIBUTING DISEASE OF CONDITION CAUSING DEATH III. CHECK SKRIPTICANT COUNTRIBUTING DISEASE OF CONDITION CAUSING DEATH III. CHECK SKRIPTICANT COUNTRIBUTING DISEASE OF CONDITION CAUSING DEATH III. CHECK SKRIPTICANT COUNTRIBUTING DISEASE OF CONDITION CAUSING DEATH III. CHECK SKRIPTICANT COUNTRIBUTING DISEASE OF CONDITION CAUSING DEATH III. ROWN DID INJURY OCCUR AUTOR CITY, INSPECTION (CIVIL DEATH AUTOR CITY, INSPECTION COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTION COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTION COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRI	OR and give nearest town) (in this place)	OR
DECASED: CType or Print) CTYPE	HOSPITAL OR Rt. 144 2 mile east of Ridgeville STREET ADDRESS Md	STREET (If rural, give location)
6. SEX: 6. COLOR OR RACE: MAILE MALE MALE MALE MALE MALE MALE MALE MA	DECEASED:	OF
Male White White Whoweld, Divorced. Feb. 6, 1929 26 yrs. Months Days Hours Min. 10a. USUAL OCCUPATION (give kind of work done during most of work interesting the property of		1000201777
10a. USUAL OCCUPATION (few kind of work life, loss and country work done during most of work life, work done during most of work life. NUMUSTRY: 13. FATHER'S NAME: 14. MOTHER'S MADDEN NAME: Susan Seals 15. Was Decreased by Byne in U.S. Armed Forces of life. Social Security No.: 16. Was Decreased byne in U.S. Armed Forces of life. Social Security No.: 17. INFORMANT & ADDRESS: Wiley Brewer, Ellicott city, Md 18. MEDICAL CERTIFICATION Interval Early and Dearth Immediate cause (a) Wertebrae, Fracture Base of Skull Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause Due to stating underlying cause last (c) 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION COUNTRIBUTING TO THE DATH BUT NOT RELATED TO THE DISEASE OR CONDITION COUNTRIBUTING OF OPERATION: 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS SET IN JURY OCCURRED NAME OF CENTER Work of the work of last last last last last last last last	RACE: WIDOWED, DIVORCED,	6 7000 Months Days Hours Min.
16. MOTHER'S MADDEN NAME: John Perry 16. Was Decased Ever in U.S. Armed Forces 7: 16. Social Security No.: 17. Informant & address: 17. Informant & Infor	10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS O	COUNTRY?
16. Was Decrease Ever in U.S. Armed Forces? (Yes, no, or unk.) (If Yes, give war or dates of States) are vices give war or dates of 216-24-0328 Wiley Brewer, Ellicott City, Md 18. Medical Certification 19. Me	13. FATHER'S NAME:	
16. Was Decrease Ever in U.S. Armed Forces? (Yes, no, or unk.) (If Yes, give war or dates of States) are vices give war or dates of 216-24-0328 Wiley Brewer, Ellicott City, Md 18. Medical Certification 19. Me	John Perry	Susan Seals
(Yes, no, or unk.) Service 216-24-0328 Wiley Brewer, Ellicott Service 18. MEDICAL CERTIFICATION 18. ME	15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY NO.	
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Antecedent cause(s) Diseases or conditions, if any, (b)	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Free Immediate cause (a) Wertebrae Fracture	acture 6th and 7th Cervical ONSET AND DEATH
Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY M or CONTRIBUTING OF street, office bidg., etc., INJURY HIghway 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while of INJURY11-20-55 4.15 Pm. work at work of INJURY11-20-55 4.15 Pm. work at work of INJURY11-20-55 4.15 Pm. work of INJURY11-20-25 4.15 Pm. work of INJURY11-20-25 4.15 Pm. work of INJURY11-20-25 4.25 Pm. work of INJURY11-20-25 Pm.		
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21a. EXTERNAL CAUSE WAS PRIMARY M or CONTRIBUTING OF street, office bldgs, etc., CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY 1 20-55 4.15 P M. Work of at work of the remains described above, held an Autopsy I, Inspection I, Inquiry I, an find that death resulted from: Natural causes I, Accident I, Suicide I, Homicide I, Undetermined cause I SIGNATURE 22. I hereby certify that I took charge of the remains described above, held an Autopsy I, Inspection I, Inquiry I, an find that death resulted from: Natural causes I, Accident I, Suicide I, Homicide I, Undetermined cause I DATE SIGNED Ellicott City, Md. 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify): BUT131	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
PRIMARY M or CONTRIBUTING OF street office blds, etc., CAUSE OF DEATH. OF STREET OFFICE BLDS., PROGRED WAY OF STREET OFFICE BLDS., PROGRED WHO INJURY OCCURRED While at work 21f. HOW DID INJURY OCCUR AUTO STRUCK Wall 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work 21f. HOW DID INJURY OCCUR AUTO STRUCK Wall 22l. I hereby certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and find that death resulted from Natural causes Accident Suicide Homicide Undetermined cause SIGNATURE SIGNATURE	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work 21f. How DID INJURY OCCUR? Auto struck wall at work 22f. I hereby certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry an find that death resulted from: Natural causes Accident Suicide Homicide Undetermined cause SIGNATURE Suicide Homicide Undetermined cause DATE SIGNED DATE SIGNED CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DATE SIGNED DATE SIGNED ASSISTANT MEDICAL EXAMINER DATE SIGNED DATE SIGNED ASSISTANT MEDICAL EXAMINER DATE SIGNED DATE SIGNED CONTROL CITY CONTROL CITY CONTROL CITY CONTROL CITY CONTROL CITY CITY	21a. EXTERNAL CAUSE WAS PRIMARY M or CONTRIBUTING OF Street, office bldg., etc CAUSE OF DEATH.	2 mile east
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find that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined cause [] SIGNATURE SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER L11-21-55 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify): BUT1A1 Suicide [], Homicide [], Undetermined cause [] LOCATION (City, town, or county) (State) Ellicott City, Md		
23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) BURIAL CREMATION, City, Md Codd Shepherd Codd Shepherd DEPUTY MEDICAL EXAMINER 11-21-55 LOCATION (City, town, or county) Ellicott City, Md	find that death resulted from: Natural causes [], Acci	ident XI, Suicide I, Homicide I, Undetermined cause I
23. BURIAL, CREMATION, PATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify): 11-23-55 Good Shepherd Ellicott City, Md	Living a Jurgary	DEPUTY MEDICAL EXAMINER 1 11-21-55
Burial III-23-55 Good Shepherd Ellicott Tty, Ma		
DATE REC'D RV LOCAL I REGISTRAR'S SIGNATURE 124. FUNERAL DIRECTUR ADDRESS	Burial III-23-55 Good Shepher	
11-22-55 John B. Lougheau F.C. Higinbothom, Ellicott City, Md	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 11-22-5-5 Ohie D. Lyingham	

Supply every item of information carefully. The correct write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING INK. age is especially important. Physicians: please

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VS. A15A - 5 - 53

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2411 N. Charles Street, Baltimore

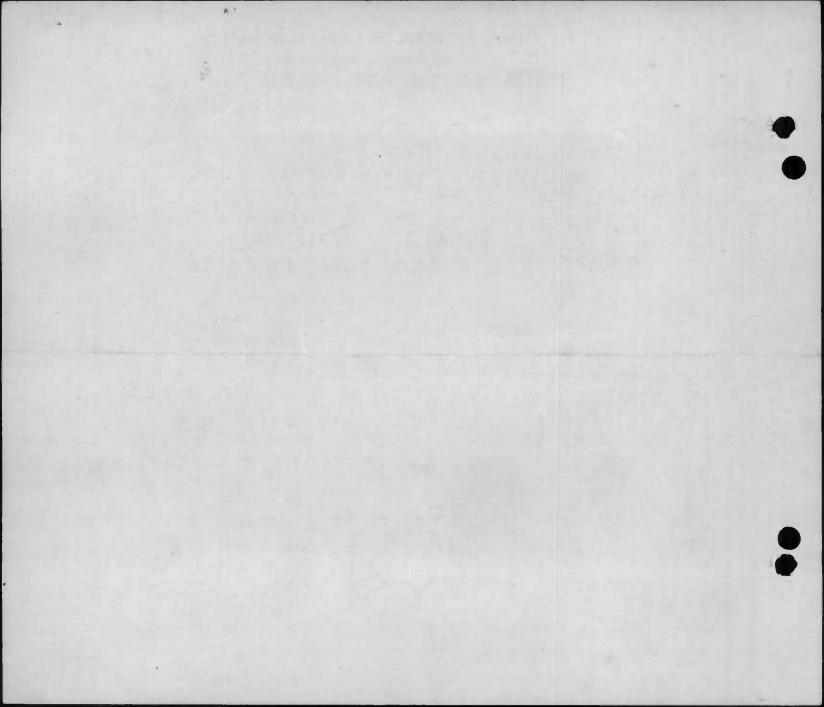
10926 CERT	IFICAT	E OF DEAT	H Reg.	Dist. No	191
	RYLAND	2. USUAL RESIDENCE (I STATE Mary]	and	COUNTY	
CITY (Il outside corporate limits, write RURAL and OR give nearest town Ellicott City (b) HOSPITAL OR	this place) MOTI.	CITY (If outside corpor OR TOWN Balti	more	3	VOI-4
% INSTITUTION OR Highland Manor		ADDRESS 1900	E. Eager		
3. NAME OF (First) (Middle DECRASED (Type or Print) MAURICE	P	RITCHETT	DEATH NOV	rember	1 1000
5. SEX Male 6. COLOR OR RACE WIDOWED (Specify)	dower dower	Aug. 16, 1875	9. AGE last birthday 80 yrs.	If under 1 ye Months De	ays Hours Min.
done during most of working life, even if retired) INDUSTRY OFICKLAYER CONTR	actors	Baltimore,	Maryland	12. C	USA WHAT
Richard Pritchett		14. MOTHER'S MAIDEN UNKNOW			
(Yes, no or unknown) (If yes, give war or dates of 217-0	SECURITY No. 7-449z	17. INFORMANT AND Mr. James H	ADDRESS L.J. Pritch		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO	8. MEDICAL CER DEATH	RTIFICATION 825 Br	adhurst Ro		NTERVAL BETWEEN DEATE
	al Hom		······································		mmeliate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	l arter	ivscliro sis + S	Jen's anterior	sel-	***************************************
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF	OPERATION				Yes No
21. ACCIDENT (Specify) PLACE (Home, farr OF office bldg., e INJURY	n, factory, street, tc.)	(CITY OR 7	OWN) (C	OUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCC	CURRED Not While At work	HOW DID INJURY OC	CUR?		
22. I hereby certify that I attended the deceased fr		, 1955, to ATA	00., 1955, that	I last saw	the deceased
	ec or title)	ADDRESS from the	causes and on the	date state	d above.
PEMOVAL (Specify)			OCATION (City, town		(State)
DUPTAT NOV. 30. 1955 B DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	altimore	Cemetery 2. FUNERAL DIRECTO H. SANDER & S	Baltimore, BONS, INC.		ADDRESS

9 min

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15



MEDICAL	EXAMINE	R'S CER	THICATE	OF D	CATH	No. 191	• • • • • • • • • • • • • • • • • • • •
I. PLACE OF DEATH:			2. USUAL RESIDEN	CE (HOME) OF DI	ECEASED:		
county Howard		MARYLAND	STATE Maryla	nd county	Washi	ngton	
CITY (If outside corporate OR and give nearest tow TOWN Rt 40		LENGTH OF STAY (in this place)	CITY (If outside OR TOWN Hager	corporate limits wri			own)
HOSPITAL OR INSTITUTION OR STREET ADDRESS COOL	ksville		STREET ADDRESS		give location)		/
DECEASED:	ERNEST RA	iddle) Y ROSS	(Last)	4. DATE (NOF	(Day	-	
5. SEX: 6. COLOR RACE: White		RRIED, 8. DATE	OF BIRTH: 9	. AGE last birthda	y: IF UNDER I Y	EAR IF UNDER 2	4 HRS. Min.
10a. USUAL OCCUPATION work done during most even if retired) DOI's	Give kind of 10b. KI of work life, Con	nd of Business of Dustry: St. Work				CITIZEN OF Y	WIIAT
13. FATHER'S NAME:			14. MOTHER'S MAII	DEN NAME:			
Clarence T. Ross			Alice Cora	Keim			
15. WAS DECEASED EVER IN U. (Yes, no, or unk.) (If Yes, give	S. ARMED FORCES? 16. So	CIAL SECURITY No.:	17. INFORMANT & A	DDRESS:			
NO service)	232-	-26-0836 E	velyn M.Burke	tt,113 Firs	t St. Cumi	berland, N	Id_
Antecedent cause (s) Diseases or conditions, if giving rise to the above stating underlying cause IL OTHER SIGNIFICANT CO	cause DUE TO			cerviel		wsian	
TO THE DEATH BUT DISEASE OR CONDITION							
19a. DATE OF OPERATION				rone		20. AUTOPS Yes N	1
OF	JTING ☐ OF INJURY (Year) (Hour) 21e. IN.	(Home, farm, factory, street, office bldg., etc. //- S-/ OUK 44 URY OCCURRED e at Not while	21c. (City or town Cookse 21f. HOW DID IN	VJURY OCCUR?	toward	(State) (State) A auli	ed.
22. I hereby certify that		he remains describ	ed above, held an	Autopsy [], Ir	spection 🕱	, Inquiry 🔀	, and
signature	alted from: Natural	couses [], Accid	CHIEF], Homicide [MEDICAL EXAM Y MEDICAL EXA 'ANT MEDICAL E	INER MINER	mined caus DATE SIGN	NED,
23. BURIAL, CREMATION / REMOVAL (Specify): Burial	DATE THEREOF	NAME OF CEMETER		Pinto Md		unty) (Sta	ate)
DATE REC'D BY LOCAL	REGISTRAR'S SIGNA	reghran.	John J. Hafe:	ECTOR		ADDRES	SS
	Per. B. E. X						

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

SSEL SE VON

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BUREAU V. S.

10928 CERTIFICATE OF DEATH

1. PLACE OF DEATH	The same of the sa	2. USUAL RESIDEN	CE (HOME) OF D	ECEASED	
county Howard	MARYLAND	STATE Marylane	d COUNTY	Howard	
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (II outside corpora	ita limits, write RURAL (and give nearest tow	n)
X OR and give nearest town) X TOWN Ellicott City	(in this place)		ott City		X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Netwick	Road	STREET ADDRESS Old	Natwick R	ve location)	- /
3. NAME OF (First)	(Mid die)	(Last)	4. DATE (Mo	nth) (Day)	(Year)
(Type or Print)	WALTER WHI	TEFORD	OF DEATH	Nov.9	1955
	MARRIED, 8. DATE	OF BIRTH 9	AGE last birthday	IF UNDER 1 YEAR	
		10,1880	75 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Giva kind of work	106. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign	n country)		EN OF WHAT
done during most of working life, even if relired Dairyman	OR INDUSTRY	Maryland		COU	INTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
Unknown		Unkno	P/III		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17, INFORMANT & AL			
(Yes, no, or unk.) (If Yes, give wer or detes of service	216-07-9828	Mrs.Mary Lo	ie Tron Fi	licott Ci	4== 163
140	18. MEDICAL CE		To Lich Per.		TERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH MEDICAL CE	RIFICATION			SET AND DEATH
151X IMMEDIATE CAUSE (A)	OPENOCA	RINOMA OF	STOM	ACH	15 MO.
ANTECEDENT CAUSE(S) DUE TO		,			
DISEASES OR CONDITIONS, IF ANY, (B)	METASTE	TO LIVE	-R		
STATING UNDERLYING CAUSE LAST. DUE TO					
(C)					
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,					
	NDINGS OF OPERATION				S NO
218. ACCIDENT WAS UNDERLYING 216. PLAC OR CONTRIBUTING 2045E OF DEATH OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER)	CE (Home, farm, fectory, straet, office bldg., etc.)	21c. WHERE DID INJURY OCCUR?	(City or town)	(County)	(Stata)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hou	While Not while	21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the	e deceased from/O Augu	-ST 19 55 109 N	1V 19.50	that I last sa	w the deceased
alive on La NOV. 19.55					
SIGNATURE	0	ADDR	ESS (Street, city, tow	rn, stata)	DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF.	I NAME OF CEMETERY OF		LOCATION/(Rity, tow		V. 55 / 12 (Stata)
REMOVAL (SPECIFY) Burial Nov. 12.			V		forms
24. REC'D BY REGISTRAR REGISTRAR'S SIG		2S. FUNERAL DIRECTOR'S SI	Pikesville GNATURE	ADDRES	S
DATE 010V.11.55 John	B. Lougher	F.C. Higinboth		t City Md	
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